



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
**BUREAU OF HEALTH LICENSURE AND REGULATION**  
**DIVISION OF HEALTH CARE FACILITIES**  
227 French Landing, Suite 501  
Heritage Place, Metrocenter  
NASHVILLE, TENNESSEE 37243  
TELEPHONE (615) 532-5171 or (800) 778-4504  
FAX (615) 248-3601

**PROCEDURES FOR PLACEMENT ON THE TENNESSEE NURSE AIDE REGISTRY**

Attached is a form for verification of out-of-state nurse aide registration. Please read the directions completely prior to completing this form. We cannot process this form if it is incomplete, illegible, or includes false statements.

Please complete Part I of this form and attach a copy of your social security card and a copy of photo identification (driver's license, passport, or other photo identification in the area indicated on Part II).

Mail the form to the state in which you are registered. \*\* That state must complete PART II and mail the form to the Tennessee Nurse Aide Registry.

**\*\*EXCEPTION TO THE ABOVE STATED INSTRUCTIONS:** If you are on the California, Colorado, Illinois or Missouri Nurse Aide Registry, complete Part I, attach a copy of your social security card and photo identification; return the entire application to the Tennessee Nurse Aid Registry at the address listed above. Individuals certified in Alabama, Georgia, Florida, Illinois and Nebraska may be eligible to challenge the Tennessee Nurse Aide Competency Evaluation (state test). Individuals certified in North Carolina must complete a Tennessee Nurse Aide Training Program and pass the Tennessee Competency Evaluation (train and test).

Notification of placement will be mailed to the address given on Part I of the verification form. Please provide the address where you will be living 45 days from the date you submit the application.

Your name will be placed on the registry if you are qualified when the following is complete.

- Your application is received from the state where you are currently registered,
- The state nurse aide registry verifies you are eligible for placement on the registry, and
- All other pertinent information is verified as true and correct.

Nurse aide directories and registries for other states are listed on the following page.

**ALABAMA \***  
Alabama Nurse Aide Registry  
P.O. Box 30317  
Montgomery, AL 36130-3017  
(334) 206-5169

**ALASKA**  
Nurse Aide Registry  
Dept. of Comm. & Econ. Dev.  
Div. of Occupation Licensing  
3601 "C" Street, Suite 722  
Anchorage, AK 99503-5934  
(907) 269-8169

**ARIZONA**  
AZ State Board of Nursing  
1651 E. Morten Ave. #210  
Phoenix, AZ 85020  
(602) 331-8111 ext. 126

**ARKANSAS**  
Office of Long Term Care  
P.O. Box 8059  
Slot Number: S405  
Little Rock, AR 72203-8059  
(501) 682-8484

**CALIFORNIA**  
CA Dept. of Health Services  
Nurse Assistant Certification  
1800 3rd St., Suite 200  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 327-2445 or 800-359-5463

**COLORADO**  
Department of Regulatory Agencies  
State Board of Nursing  
1560 Broadway  
Suite 880  
Denver, CO 80202  
(303) 894-2431

**CONNECTICUT**  
CT Department of Public Health  
410 Capitol Avenue, MS #12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7596

**DELAWARE**  
Health Facility Lic. & Cert.  
Division of Long Term Care Residents  
Protection  
3 Mill Road, Suite 308  
Wilmington, DE 19806  
(302) 577-6666

**DISTRICT OF COLUMBIA**  
ASI, District of Columbia  
Nurse Aide Registry  
3 Bala Plaza West  
Philadelphia, PA 19101-3481  
(800) 475-8291 or (800) 566-8668  
614 H. Street NW, Room 1014  
Washington, DC 20001  
(202) 727-7209

**FLORIDA \***  
Department of Health  
MQA/Certified Nursing Assistant Registry  
4052 Bald Cypress Way  
BIN # C-13  
Tallahassee, FL 32399-3263  
(850) 488-0595 Fax (850) 488-4281

**GEORGIA**  
Nurse Aide Program  
1455 Lincoln Parkway East  
Atlanta, GA 30346  
(800) 414-4358 or (678) 527-3010

**HAWAII**  
Professional & Vocational Licensing  
Dept. of Commerce & Consumer Affairs  
P.O. Box 3469  
Honolulu, HI 96801  
(808) 734-8318

**IDAHO**  
Division of Medicaid  
Bureau of Facility Standards  
Department of Health & Welfare  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626

**ILLINOIS \***  
IL Dept. of Public Health  
Education and Training  
525 West Jefferson  
Springfield, IL 62761  
(217) 782-3070 or (217) 785-5133

**INDIANA**  
Indiana State Department of Health  
Division of Long Term Care  
2 North Meridian Street, Section B  
Indianapolis, IN 46204  
(317) 233-7612

**IOWA**  
IA Dept. of Inspections & Appeals  
Division of Health Facilities  
Lucas State Office Building  
Des Moines, IA 50319-0083  
(515) 281-5746 or (515) 281-4963

**KANSAS**  
Health Occupations Credentialing Unit  
KS Dept. of Health and Environment  
1000 SW Jackson  
Suite 330  
Topeka, KS 66612-1365  
(785) 296-6877 or (785) 296-0060

**KENTUCKY**  
Kentucky Nurse Aide Registry  
312 Whittington Pkwy.  
Suite 300-A  
Louisville, KY 40222-5172  
(502) 329-7047

**LOUISIANA**  
LA Board of Examiners for Nursing  
Facility Administrators (NFA)  
Nurse Aide Registry  
5615 Corporate Blvd.  
Suite 8-D  
Baton Rouge, LA 70808  
(225) 925-4132

**MAINE**  
Maine Registry of Certified Nursing  
Assistants  
Dept. of Human Services  
Division of Licensing & Certification  
State House Station #11  
35 Anthony Avenue  
Augusta, ME 04333  
(207) 624-5205

**MARYLAND**  
Assistant Certification Program  
Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, MD 21215-2299  
(410) 585-1918

**MASSACHUSETTS**  
MA Nurse Aide Registry  
MA Dept. of Public Health  
Division of Health Care Quality  
10 West Street  
Boston, MA 02111  
(617) 753-8000

**MICHIGAN**  
MI Dept. of Consumer & Industry SVCS  
Bureau of Health Services  
Education, Testing & Credentials Section  
P.O. BOX 30670  
Lansing, MI 48909  
(800) 748-0252

**MINNESEOTA**  
Facility and Provider Compliance Division  
Nursing Aide Registry  
85 East Seventh Place  
Suite 300  
P.O. Box 64501  
St. Paul, MN 55164-0501  
(651) 215-8705 or 800-369-7994

**MISSISSIPPI**  
MS Department of Health  
Division of Health Facilities  
Licensure and Certification  
570 Woodrow Wilson  
Jackson, MS 39215-1700  
(601) 576-7300

**MISSOURI**  
Department of Health and Senior Services  
P.O. Box 570  
Jefferson City, MO 65102  
(573) 526-5686 or (800) 235-5503

**MONTANA**  
Dept. of Montana Public Health  
Human Services  
2401 Colonial Drive, 2nd Floor  
Helena, MT 59620-2953  
(406) 444-4980

**NEBRASKA \***  
Nebraska Health and Human Services System  
Regulation & Licensure  
Credentialing Division  
P.O. Box 94986  
Lincoln, NE 68509-4986  
(402) 471-0537 or (402) 471-2133

**NEVADA**  
Nevada Board of Nursing  
4330 South Valley View, Suite 106  
Las Vegas, NV 89103-4051  
(702) 486-5800 or (800) 590-6726

**NEW HAMPSHIRE**  
NH Board of Nursing  
78 Regional Drive  
Building B  
P.O. Box 3898  
Concord, NH 03302-3898  
(603) 271-6349 or (603) 271-2323

**NEW JERSEY**  
ASI - New Jersey  
Nurse Aide Registry  
3 Bala Plaza West  
Philadelphia, PA 19101-3481  
(609) 633-9051 or (800) 274-8970

**NEW MEXICO**  
DOH/CCHSP/Nurse Aide Registry  
1421 Luisa Street  
Suite R  
Santa Fe, NM 87505  
(505) 827-1453 OR (505) 827-1418

**NEW YORK**  
State of New York  
Department of Health  
161 Delaware Avenue  
Delmar, NY 12054-1393  
(518) 478-1060 or (800) 274-7181

**NORTH CAROLINA**  
NC Nurse Aide Registry (Nurse Aide 1)  
NC Dept. of Health & Human Services  
Division of Facility Services  
2709 Mail Service Center  
Raleigh, NC 27699-2709  
Phone: (919) 855-3969  
Verification: (919) 715-0562

**NORTH DAKOTA**  
Department of Health  
Division of Emergency Health Services  
600 E. Boulevard Avenue  
Bismark, ND 58505-0200  
(701) 328-2353

**OHIO**  
Ohio Department of Health  
Nurse Aide Unit  
246 North High Street, 3<sup>rd</sup> Fl.  
Columbus, OH 43215-2412  
(614) 752-9500 or (800) 582-5908

**OKLAHOMA**  
OK State Dept. of Health  
Nurse Aide Registry  
1000 N.E. 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
(405) 271-4085 or (800) 695-2157

**OREGON**  
OR State Board of Nursing  
800 NE Oregon Street, Suite 465  
Portland, OR 97232  
(503) 731-4745 or (503) 731-3459

**PENNSYLVANIA**  
Nurse Aide Registry  
C/O ASI  
P.O. Box 13785  
Philadelphia, PA 19101-3785  
(800) 852-0518

**RHODE ISLAND**  
Rhode Island Dept. of Health  
Professional Regulation  
3 Capitol Hill, Room 104  
Providence, RI 02908-5097  
(401) 222-5888

**SOUTH CAROLINA**  
ASI South Carolina Nurse Aide Registry  
3 Bala Plaza West, Suite 300  
Pennsylvania, PA 19101-3481  
DHEC - 2600 Bull Street  
Columbus, SC 29201  
(800) 475-8290 or (803) 737-7207

**SOUTH DAKOTA**  
South Dakota Board of Nursing  
4300 S. Louise Avenue  
Suite C-1  
Sioux Falls, SD 57106-3124  
(605) 367-2760

**TENNESSEE**  
TN Dept. of Health  
Division of Health Care Facilities  
227 French Landing, Suite 501  
Heritage Place, Metrocenter  
Nashville, TN 37243  
(615) 532-5171 or (800) 778-4504

**TEXAS**  
Long Term Care -Regulatory  
Department of Human Services  
P.O. Box 149030 - MCY 977  
Austin, TX 78714-9030  
(512) 834-6681 or 1-800-452-3934

**UTAH**  
Utah Health Technology Certification Center  
550 East 300 South  
Kaysville, UT 84037-2699  
(801) 547-9947

**VERMONT**  
VT Board of Nursing  
Office of Professional Regulation  
109 State Street  
Montpelier, VT 05609-1106  
(802) 828-2819 or (802) 828-2453

**VIRGINIA**  
VA Nurse Aide Registry  
Nursing Aide Registry  
6606 W. Broad St.  
4th Floor  
Richmond, VA 23230-1717  
(804) 662-7310

**VIRGIN ISLAND**  
Virgin Islands Board of Nurse Licensure  
P.O. Box 4247  
Veterans Drive Station  
St. Thomas, Virgin Islands 00803  
(340) 776-7397

**WASHINGTON**  
Aging & Adult Services Administration  
Residential Care Services Division  
OBRA- Nurse Aide Registry  
640 Woodland Square Loop SE  
P.O. Box 45600  
Olympia, WA 98504-5600  
(360) 725-2596

**WEST VIRGINIA**  
Office of Health Facilities Licensure &  
Certification  
350 Capitol Street, Room 206  
Charleston, WV 25301-3718  
(304) 558-0688

**WISCONSIN**  
Promissor- WI Nurse Aide Registry  
P. O. Box 13785  
Philadelphia, PA 19101-3785  
(608) 267-2374 or (807) 573-1081

**WYOMING**  
WY State Board of Nursing  
2020 Carey Avenue  
Suite 110  
Cheyenne, WY 82002  
(307) 777-7601



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
227 French Landing, Suite 501  
Heritage Place, Metrocenter  
NASHVILLE, TENNESSEE 37243  
TELEPHONE (615) 532-5171 or (800) 778-4504  
FAX (615) 248-3601

***VERIFICATION OF OUT-OF-STATE NURSE AIDE REGISTRATION***

**PART I:** To be completed by nurse aide and forwarded to the state in which you are currently registered.

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**SEX:** ☐ Male ☐ Female **RACE:** ☐ White ☐ Black ☐ Hispanic ☐ American Indian/Alaskan  
☐ Asian/Pacific Islander ☐ Other \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First Middle Maiden

**ADDRESS:** \_\_\_\_\_  
Street, P.O. BOX, RR Apt. No.  
\_\_\_\_\_  
City State Zip Code

**PHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Number

**HEIGHT:** \_\_\_\_\_ **EYE COLOR:** \_\_\_\_\_

Are you currently working as a nurse aide: ☐ Yes ☐ No

Please indicate state(s) in which you are registered: \_\_\_\_\_

Have you ever been convicted of abuse or neglect of a person in your care, theft from a person in your care, or child abuse?

☐ Yes ☐ No. If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under investigation for abuse or neglect of a person, theft from a person or child abuse? ☐ Yes ☐ No. If yes, please explain. \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
My signature certifies that the above information is correct.

**PART II:** To be completed by the out-of-state Nurse Aide Registry.

☐ Yes ☐ No Is the above nurse aide currently registered eligible on your Nurse Aide Registry in accordance with the requirements of the Omnibus Budget Reconciliation Act of 1987 and 1989?

If yes:

Registration Number: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Method of Placement: ☐ Deemed ☐ Competency Examination ☐ Reciprocity  
Which State: \_\_\_\_\_

☐ Yes ☐ No Are there documented findings of abuse, neglect, or misappropriation of resident or resident's property, according to records on file in the office of the undersigned?

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

PHONE NUMBER: ( ) \_\_\_\_\_

DATE: \_\_\_\_\_

STATE SEAL

MAIL THIS FORM TO: Tennessee Department of Health  
Nurse Aide Registry  
227 French Landing, Suite 501  
Heritage Place, Metrocenter  
Nashville, TN 37243

**PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD AND PHOTO IDENTIFICATION HERE**

Social Security Card	Photo Identification